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**Introduced by Senator Alquist**

February 10, 2005

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An act to add Section 104142 to the Health and Safety Code, relating to strokes.

LEGISLATIVE COUNSEL'S DIGEST

SB 209, as introduced, Alquist. Stroke education.

Existing law establishes the Heart Disease and Stroke Prevention Task Force within the State Department of Health Services and requires the task force to create a heart disease and stroke prevention and treatment state master plan and submit the plan to the Legislature, the Governor, and the department by November 1, 2005. These provisions become inoperative March 1, 2006, and are repealed January 1, 2007.

This bill would require the State Department of Health Services and the California Department of Aging to implement a stroke education campaign.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) In the United States, stroke is the number one cause of
- 4 adult long-term disability, strikes 750,000 of all ages annually, is
- 5 the third leading cause of death, and kills more than 175,000
- 6 persons annually.
- 7 (b) Someone suffers a stroke every 45 seconds, and every 3.1
- 8 minutes someone dies of a stroke. Stroke is responsible for an

1 estimated \$40,000,000,000 in health care costs and lost  
2 productivity each year.

3 (c) Two-thirds of stroke victims are likely to experience  
4 significant physical disability and emotional effects. Contrary to  
5 the common belief that strokes occur primarily in older people,  
6 one-half of all stroke victims are under 50 years of age.

7 (d) Transient ischemic attack (TIA), which sometimes  
8 precedes an ischemic stroke, may account for about 83 percent of  
9 all strokes but this attack disappears within five minutes to 24  
10 hours.

11 (e) A key feature of a stroke is that it is unexpected and  
12 develops suddenly. Up to 50 percent of all strokes occur in  
13 people who show no prior symptoms, and people who have had a  
14 prior stroke face a nine times greater risk of having another one  
15 and a two times greater risk of having a heart attack compared to  
16 the general population.

17 (f) Stroke is preventable if one has an appreciation of the risk  
18 factors of age, sex, prior stroke, family history of stroke, high  
19 blood pressure, smoking, diabetes mellitus, carotid artery disease,  
20 lack of physical exercise, lack of a healthy diet, and TIA.

21 (g) People must be educated about stroke symptoms.  
22 According to the American Stroke Association, 74 percent of the  
23 United States population does not know the most common  
24 warning signs of stroke. Common warning signs include sudden  
25 numbness or weakness in an arm, leg, or face on one side of the  
26 body or on both sides of the body, unexpected severe headache  
27 with no apparent cause, sudden confusion, trouble speaking or  
28 understanding, sudden vision problems in one or both eyes,  
29 unexplained dizziness, and sudden trouble walking or loss of  
30 balance or coordination.

31 (h) Should any stroke symptoms appear, the person affected or  
32 his or her family should call 911 immediately to meet the  
33 three-to-nine hour period during which appropriate medical  
34 treatment by hospital staff is effective in reducing the risk of  
35 disability and death.

36 (i) It is well known that medical response time for stroke  
37 victims is very important because there are medicines available  
38 that are effective as a tissue plasminogen activator (TPA) within  
39 a crucial three-hour window period or for desmoteplase within a  
40 crucial nine-hour window period.

1 (j) The National Stroke Association has urged the public and  
2 the medical community to regard stroke as a “brain attack” and to  
3 respond with the same urgency as with a “heart attack.”

4 SEC. 2. Section 104142 is added to the Health and Safety  
5 Code, to read:

6 104142. (a) The State Department of Health Services and the  
7 California Department of Aging shall implement a stroke  
8 education campaign to reduce the incidence of strokes.

9 (b) The campaign shall contain all of the following  
10 components:

11 (1) The dissemination to county public health offices, area  
12 agencies on aging, senior centers, senior advocacy groups, and  
13 other senior network stakeholders of information regarding  
14 strokes.

15 (2) The development and conduct of seminars, which include  
16 the participation of hospital personnel and emergency personnel  
17 and services, in hospitals, senior centers, senior housing,  
18 mobilehome parks, family complex housing projects, and bingo  
19 parlors.

20 (3) The dissemination of stroke symptom flyers for placement  
21 in public buildings, hospitals and clinics, schools and colleges,  
22 public and private clubs, hotel and motel guest rooms,  
23 restaurants, grocery stores, and churches, and distribution to  
24 news media and all senior group organizations.